

CLIENT 76110

LARRY L. FIKE, P.C.
4465 KIPLING STREET STE#106
WHEAT RIDGE, CO 80033
303.422.7139

January 23, 2018

ROTARY CLUB OF GOLDEN, COLORADO
P. O. BOX 851
GOLDEN, CO 80402-0851

FEDERAL ID: 84-1034471

Dear Client:

Your Federal Return of Organization Exempt from Income Tax was acknowledged as accepted by the Internal Revenue Service on January 23, 2018. No tax is payable with the filing of this return. If you have questions about the return, please call the IRS Tax Help number, 1-800-829-4933.

Please be sure to call if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "L. Fike", with a long horizontal flourish extending to the right.

Larry L. Fike, CPA

CLIENT 76110

LARRY L. FIKE, P.C.
4465 KIPLING STREET STE#106
WHEAT RIDGE, CO 80033
303.422.7139

January 22, 2018

ROTARY CLUB OF GOLDEN, COLORADO
P. O. BOX 851
GOLDEN, CO 80402-0851

Dear Client:

Your 2016 Federal Return of Organization Exempt from Income Tax will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879-EO - IRS e-file Signature Authorization. No tax is payable with the filing of this return.

Please be sure to call us if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to be 'L. Fike', written over a horizontal line.

Larry L. Fike, CPA

Form **990-EZ**

Short Form
Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
 (except private foundations)

OMB No. 1545-1150

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning 7/01, 2016, and ending 6/30, 2017

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C **ROTARY CLUB OF GOLDEN, COLORADO**
 P. O. BOX 851
 GOLDEN, CO 80402-0851

D Employer identification number
84-1034471

E Telephone number
(303) 422-7139

F Group Exemption Number..... ▶ 0573

G Accounting Method: Cash Accrual Other (specify) ▶ _____

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ WWW.RotaryClubofGolden.org

J Tax-exempt status (check only one) – 501(c)(3) 501(c) (4) ◀(insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other _____

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ..... ▶ \$ 176,914.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
 Check if the organization used Schedule O to respond to any question in this Part I.....

REVENUE	1 Contributions, gifts, grants, and similar amounts received.....	1	27,035.
	2 Program service revenue including government fees and contracts.....	2	
	3 Membership dues and assessments.....	3	48,268.
	4 Investment income.....	4	12.
	5 a Gross amount from sale of assets other than inventory.....	5 a	
	b Less: cost or other basis and sales expenses.....	5 b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a).....	5 c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000).....	6 a	
b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000).....	6 b	101,599.	
c Less: direct expenses from gaming and fundraising events.....	6 c	70,688.	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c).....	6 d	30,911.	
7 a Gross sales of inventory, less returns and allowances.....	7 a		
b Less: cost of goods sold.....	7 b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a).....	7 c		
8 Other revenue (describe in Schedule O).....	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8..... ▶	9	106,226.	
EXPENSES	10 Grants and similar amounts paid (list in Schedule O)..... <u>See Schedule O</u>	10	60,985.
	11 Benefits paid to or for members.....	11	
	12 Salaries, other compensation, and employee benefits.....	12	
	13 Professional fees and other payments to independent contractors.....	13	2,422.
	14 Occupancy, rent, utilities, and maintenance.....	14	
	15 Printing, publications, postage, and shipping.....	15	123.
	16 Other expenses (describe in Schedule O)..... <u>See Schedule O</u>	16	36,452.
	17 Total expenses. Add lines 10 through 16..... ▶	17	99,982.
18 Excess or (deficit) for the year (Subtract line 17 from line 9).....	18	6,244.	
ASSETS	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return).....	19	38,398.
	20 Other changes in net assets or fund balances (explain in Schedule O).....	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20..... ▶	21	44,642.

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2016)

Part II Balance Sheets (see the instructions for Part II) Check if the organization used Schedule O to respond to any question in this Part II.

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	39,393.	45,637.
23 Land and buildings		
24 Other assets (describe in Schedule O)		
25 Total assets	39,393.	45,637.
26 Total liabilities (describe in Schedule O) See Schedule O	995.	995.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	38,398.	44,642.

Part III Statement of Program Service Accomplishments (see the instructions for Part III) Check if the organization used Schedule O to respond to any question in this Part III.

		Expenses	
		(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
What is the organization's primary exempt purpose? See Schedule O			
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.			
28	See Schedule O		
	(Grants \$ 31,103.) If this amount includes foreign grants, check here <input type="checkbox"/>	28 a	1,535.
29	See Schedule O		
	(Grants \$ 3,637.) If this amount includes foreign grants, check here <input type="checkbox"/>	29 a	1,000.
30	See Schedule O		
	(Grants \$ 12,000.) If this amount includes foreign grants, check here <input type="checkbox"/>	30 a	706.
31	Other program services (describe in Schedule O) See Schedule O		
	(Grants \$ 700.) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	31 a	
32	Total program service expenses (add lines 28a through 31a)	32	3,241.

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV) Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Gregory Elliott President-Elect	2	0.	0.	0.
Patrick Madison Member Chair	2	0.	0.	0.
Larry L. Fike Secretary	2	0.	0.	0.
Paul Veldman Past President	2	0.	0.	0.
Brian Richy Vice President	2	0.	0.	0.
Kevin Nichols Intl Svc Chair	2	0.	0.	0.
Scott Brown Prg Coordinator	2	0.	0.	0.
Sam Allen President	4	0.	0.	0.
James E. Halderman Treasurer	3	0.	0.	0.
Allen Gregory Com. Svc. Chair	2	0.	0.	0.
Jerry Lovejoy Voc. Svc. Chair	2	0.	0.	0.
Tom Hughes Rot Fdn Chair	2	0.	0.	0.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V.

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 33 through 41 regarding organizational activities, financials, and state filings.

42a The organization's books are in care of James Halderman Telephone no. 303.564.3315 Located at 555 South Nelson Lakewood CO ZIP + 4 80226

Table for questions 42b and 42c regarding foreign financial accounts and offices. Includes Yes/No columns and a 'See the instructions for exceptions...' note.

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year. 43

Table for questions 44a through 45b regarding donor advised funds, hospital facilities, tanning services, and controlled entities.

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I. Yes No
46 X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI.

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II. Yes No
47

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. 48

49a Did the organization make any transfers to an exempt non-charitable related organization? 49a

b If 'Yes,' was the related organization a section 527 organization? 49b

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000. ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000. ▶

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A. Yes No
 Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here Signature of officer: James E. Halderman Date: _____
 Title: Treasurer

Paid Preparer Use Only Print/Type preparer's name: Larry L. Fike, CPA Preparer's signature: Larry L. Fike, CPA Date: 1.22.18 Check if self-employed PTIN: P00282262
 Firm's name: Larry L. Fike, P.C. Firm's EIN: 84-1135132
 Firm's address: 4465 Kipling Street Ste#106 Phone no.: 303.422.7139
Wheat Ridge, CO 80033

May the IRS discuss this return with the preparer shown above? See instructions. Yes No
 Yes No



SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Complete if the organization answered 'Yes' on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

2016

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization ROTARY CLUB OF GOLDEN, COLORADO	Employer identification number 84-1034471
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Part I Fundraising Activities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- | | |
|---|---|
| <p>a <input type="checkbox"/> Mail solicitations</p> <p>b <input type="checkbox"/> Internet and email solicitations</p> <p>c <input type="checkbox"/> Phone solicitations</p> <p>d <input type="checkbox"/> In-person solicitations</p> | <p>e <input type="checkbox"/> Solicitation of non-government grants</p> <p>f <input type="checkbox"/> Solicitation of government grants</p> <p>g <input type="checkbox"/> Special fundraising events</p> |
|---|---|

2 **a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If 'Yes,' list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered 'Yes' on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		Peach Sale (event type)	Ethics in Busi (event type)	None (total number)	(add column (a) through column (c))
REVENUE	1	Gross receipts.....	72,071.	27,466.	99,537.
	2	Less: Contributions.....			
	3	Gross income (line 1 minus line 2).....	72,071.	27,466.	99,537.
DIRECT EXPENSES	4	Cash prizes.....			
	5	Noncash prizes.....			
	6	Rent/facility costs.....			
	7	Food and beverages.....			
	8	Entertainment.....			
	9	Other direct expenses.....	50,843.	19,845.	70,688.
	10	Direct expense summary. Add lines 4 through 9 in column (d)..... ▶			70,688.
	11	Net income summary. Subtract line 10 from line 3, column (d)..... ▶			28,849.

Part III Gaming. Complete if the organization answered 'Yes' on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

REVENUE		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
		1	Gross revenue.....		
DIRECT EXPENSES	2	Cash prizes.....			
	3	Noncash prizes.....			
	4	Rent/facility costs.....			
	5	Other direct expenses.....			
	6	Volunteer labor.....	Yes _____ % No	Yes _____ % No	Yes _____ % No
7	Direct expense summary. Add lines 2 through 5 in column (d)..... ▶				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)..... ▶				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states?..... Yes No

b If 'No,' explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?..... Yes No

b If 'Yes,' explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If 'Yes,' enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If 'Yes,' enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

- 17 Mandatory distributions
- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2016

Department of the Treasury
Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization ROTARY CLUB OF GOLDEN, COLORADO	Employer identification number 84-1034471
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Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid In Excess of \$5,000

Class of Activity:	Assist Indigent Persons
Donee's Name:	Golden Backpack Program
Donee's Address:	PO Box 19056 Golden CO 80402
Relationship of Donee:	None
Cash Amount Given:	\$ 12,977.

Form 990-EZ, Part I, Line 16
Other Expenses

Advertising and Promotion.....	\$ 2,231.
Badges for Members, Plaques.....	1,026.
Bank Charges.....	535.
Computer Services.....	408.
Education & Training.....	15.
Membership Events & Meetings.....	25,689.
Merchant Service Fees.....	6,199.
Program Speaker Gifts.....	84.
Satellite Club Administration.....	40.
Supplies.....	225.
Total	\$ 36,452.

Form 990-EZ, Part II, Line 26
Total Liabilities

	<u>Beginning</u>	<u>Ending</u>
Designated Funds.....	\$ 995.	\$ 995.
Total	\$ 995.	\$ 995.

Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Civic Service to Community

Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

Service to Golden, CO area community; Individuals benefited unknown, but encompasses a community in excess of 19,000 people. Includes grants of \$31,103 to other 501(c)(3), Civic, Governmental, Mental Health, and Educational organizations that provide cultural facilities, food distribution to indigent children in the community, and \$871 for residents of a low income senior citizen facility. See attached schedule for Part 1, line 10 for amounts in excess of \$5,000.

Name of the organization ROTARY CLUB OF GOLDEN, COLORADO	Employer identification number 84-1034471
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Form 990-EZ, Part III, Line 29 - Statement of Program Service Accomplishments

The Organization makes Grants to various Rotary International, Rotary District 5450, and other Rotary Clubs in furtherance of international, national and local educational and humanitarian projects. The funds expended included \$4,553 to Rotary International and \$2,610 to Rotary District 5450 in per-capita fees, and \$3,141 to the Rotary International Foundation, There were no expenditures in excess of \$5,000 to any organization or person.

Form 990-EZ, Part III, Line 30 - Statement of Program Service Accomplishments

Educational opportunities for young people-Scholarships provided to exceptional students at Golden area high schools. Also includes grants to Public Schools and for students to attend Rotary Young Leadership Award camps. The funds expended under such scholarship grants are included in the schedule for Part 1, Line 10, Grants and Similar amounts paid.

**Form 990-EZ, Part III, Line 31
Statement of Program Service Accomplishments**

Description	Grants	Program Service Expenses
Grant to Fresh Water International for clean water resources in underdeveloped country.	700.	
Includes Foreign Grants: Yes		
Total	<u>\$ 700.</u>	<u>\$ 0.</u>

Client 76110

ROTARY CLUB OF GOLDEN, COLORADO

84-1034471

1/22/18

05:29PM

PART V; Question 35a; STATEMENT REGARDING REASON FOR NOT REPORTING INCOME ON FORM 990-T:

The Organization conducts an annual one day sale of fresh peaches to generate funds to provide grants, donations, and other aid to the local public schools, the local food bank, and other public service projects. Additionally, the organization holds an "Ethics in Business Awards Luncheon" with several hundred attendees from throughout the business community. These events are not businesses that are regularly carried on. The proceeds from the events are used to fund requests for donations, grants, and allocations received by the organization. Such requests are reviewed by the appropriate committee and are approved by the Board of Directors prior to funding.

The organization does not receive audited financial statements. The return is prepared directly from data recorded in the organization's books and records.

Application for Automatic Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	ROTARY CLUB OF GOLDEN, COLORADO	84-1034471
	Number, street, and room or suite number. If a P.O. box, see instructions.	Social security number (SSN)
File by the due date for filing your return. See instructions.	P. O. BOX 851	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	GOLDEN, CO 80402-0851	

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ▶ James Halderman -----

Telephone No. ▶ 303.564.3315 ----- Fax No. ▶ -----

- If the organization does not have an office or place of business in the United States, check this box. ▶
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ . If it is for part of the group, check this box ... ▶ and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 5/15, 20 18, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year 20 ____ or
- ▶ tax year beginning 7/01, 20 16, and ending 6/30, 20 17.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3 a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3 b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3 c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.